



MINNESOTA EDUCATION PROGRAM RENEWAL APPLICATION

Please refer to:

Minnesota Statute 144E.285 Education Programs.

*Subd. 4. **Reapproval.** An education program shall apply to the board for re-approval **at least three months** prior to the expiration date of its approval*

Minnesota Statute 144E.283 Instructor Qualifications.

(a) An emergency medical technician instructor must:

Questions regarding this application form? Please contact the [EMS Specialist](#) for your region.

INSTRUCTIONS

Provide all information requested by this application form. Incomplete or illegible applications will be returned. Some fields on this form are required and you will not be able to submit without completion. The review and decision by the Emergency Medical Services Regulatory Board (EMS RB) for re-approval will be made on the basis of information provided in this application.

1. **Program Name**

- The program name must be the public business name.
- The program number is the number assigned by the EMS RB at the time of initial approval.
- This is the physical location at which the program operates.
- The EMS RB will mail any significant correspondence to this address.

2. **Telephone**

Provide a primary phone number of management during normal business hours. Provide an alternate phone number (preferably cell number). Include area codes with all numbers.

3. **E-Mail**

The EMS RB will use e-mail as the primary means of communicating approval information and other important information to Education Programs. Please provide an e-mail address that is accessed daily by someone who is familiar with the general operation of the program, preferably the program coordinator.

4. **Type of Program**

Check the type of course(s) for the proposed program.

5. **Education Program Coordinator**

This is the person who serves as the administrator of an emergency care education program and who is responsible for planning, conducting, and evaluating the program; selecting students and instructors; documenting and maintaining records; developing a curriculum according to the National EMS Education Standards; and assisting in the coordination of examination sessions and clinical training.

6. Education Program Medical Director

Provide the name and contact information of the program Medical director. A physician who is responsible for ensuring an accurate and thorough presentation of the medical content of an emergency care education program; certifying that each student has successfully completed the education course; and in conjunction with the program coordinator, planning the clinical training. Retain a copy of the medical director agreement in your files.

7. Course Instructors

List the names, contact information and qualifications of instructors approved by your medical director.

8. Clinical Sites

Provide the contact information for each site you have clinical site agreements with. Retain a copy of each of clinical site agreement in the program files. (NOTE: EMR does not require clinical experience)

9. Admission Criteria for Students

Briefly describe the criteria you will use to qualify applicants to your program. A copy of the full admission criteria must be retained in the program files.

10. Instructional Aids and Equipment

Ensure all items on checklist are addressed prior to submitting application. Will be required for inspection at site visit.

11. Education Application Fee

The fee for an education program application is **\$100.00**. The fee **must** be received by the EMSRB before the application will be considered complete. Only complete applications will be processed.

12. Certification of Accuracy

Signature of the Program Coordinator is required. Unsigned applications will be considered incomplete and returned. The EMSRB determines whether an educational program application is complete. The decision may be to accept an application, or to request additional information. The review process will not begin until the application is complete. Allow an ample amount of time for the entire approval process to be completed.



Education Program RENEWAL Application

Minnesota Statute 144E.285 Education Programs.

Subd. 4. Reapproval. An education program shall apply to the board for reapproval at least three months prior to the expiration date of its approval...

Program Name: _____ Program Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

E-mail: _____ Date: _____

Requesting Reapproval for the Following Programs: Please Check All That Apply to Your Program

☐ Emergency Medical Responder

☐ EMR Refresher

☐ Emergency Medical Technician

☐ EMT NCCR Components

☐ AEMT

☐ AEMT NCCR Components

☐ Paramedic

☐ Paramedic NCCR Components

☐ Community Paramedic

Initial Courses should include didactic, laboratory, clinical & field experience as recommended in the National Education Standards appropriate to the level.

National Continued Competency Requirement components administered by an Approved Education Program must meet the guidelines put forth by the National Registry of EMTs.

Program Information and Personnel

Education Program Coordinator

Minnesota Statutes, section 144E.001, subdivision 14. Education Program Coordinator

"Education program coordinator" means an individual who serves as the administrator of an emergency care education program and who is responsible for planning, conducting, and evaluating the program; selecting students and instructors; documenting and maintaining records; developing a curriculum according to the National EMS Education Standards by the National Highway Transportation Safety Administration (NHTSA), United States Department of Transportation; and assisting in the coordination of examination sessions and clinical education.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternative Phone: _____

E-mail: _____

Certification Level & Number: _____

Education Program Medical Director

Minnesota Statutes, section 144E.001, subdivision 11. Program medical director.

"Program medical director" means a physician who is responsible for ensuring an accurate and thorough presentation of the medical content of an emergency care education program; certifying that each student has successfully completed the education course; and in conjunction with the program coordinator, planning the clinical education.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

E-mail: _____

Clinic or Hospital Employed By: _____

Minnesota M.D. License Number: _____

Course Faculty

(as approved by the Medical Director)

Minnesota Statutes, section 144E.285 Education Programs. *(b) To be approved by the board, an education program must: (4) utilize instructors who meet the requirements of section 144E.283 for teaching at least 50 percent of the course content.*

Minnesota Statute 144E.27 Emergency Medical Responder Registration. *Subdivision 1. Education programs. An education program instructor must be an emergency medical responder, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.*

Name: (Last) _____ (First) _____ (MI) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

E-mail: _____

Certification Level & Number: _____ Emer. Med. Experience: _____

Instructor Qualifications: _____

Name: (Last) _____ (First) _____ (MI) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

E-mail: _____

Certification Level & Number: _____ Emer. Med. Experience: _____

Instructor Qualifications: _____

Name: (Last) _____ (First) _____ (MI) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

E-mail: _____

Certification Level & Number: _____ Emer. Med. Experience: _____

Instructor Qualifications: _____

Use Additional Sheets as Necessary

Clinical Training Sites

(written agreement with site must be available for review)

Minnesota Statutes, section 144E.285 Education Programs.

(b) To be approved by the board, an education program must: (6) maintain a written agreement with a licensed hospital or licensed ambulance service designating a clinical training site; (EMR does not currently require clinical experience)

Clinical Site: _____

Site Contact: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ Fax: _____

E-mail: _____ Agreement on File: (Y) ☐ (N) ☐

Clinical Site: _____

Site Contact: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ Fax: _____

E-mail: _____ Agreement on File: (Y) ☐ (N) ☐

Clinical Site: _____

Site Contact: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ Fax: _____

E-mail: _____ Agreement on File: (Y) ☐ (N) ☐

Use Additional Sheets as Necessary

Admission Criteria for students

(admission forms must be available for review)

Please list all criteria for admission to your program.

EMSRB Student Enrollment Form (completed and available for on-site review)

Instructional Aids and Equipment

Please check appropriate boxes.

Didactic Classroom Space

Technical Equipment (i.e.: computer, A/V equipment, etc.)

Textbook

Workbook corresponding to textbook

Syllabuses, lesson plans

Quizzes and exams

Student Guides and Reference Materials

Guest lecturers

Enrichments

Records Retention Policy

Practical Skills Practice Area – student/instructor ratio

Equipment (see Inspection Form or Appendix A)

Clinical/Field Rotations – overview, objectives and guidelines

Program Coordinator Signature: _____

(You may electronically sign this document by typing "/s/" before your full name. Example: John F Doe is /s/ John Francis Doe)

Name: _____ Date: _____

(Please print)

I understand this application will not be processed until payment is received by the EMSRB.